



# National Reined Cow Horse Association

## MEDICATION REPORT FORM

### A. IDENTIFICATION OF HORSE (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

1. Name and Number:		
2. Age:	3. Sex:	4. Color:
5. Weight:	6. Entry Number:	
7. Trainer's Name:		ID #:
8. Owner's Name:		ID #:

### B. IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

9. Product Name:	
10. Amount Administered:	Strength:
11. Route of Administration: <input type="checkbox"/> Oral <input type="checkbox"/> Topical	<input type="checkbox"/> Injectable <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous
12. Date of Administration:	
13. Time of Last Administration: <input type="checkbox"/> am <input type="checkbox"/> pm	
14. Diagnosis and Reason for Administration (this must be for a therapeutic purpose only):	
15. Name of AAEP veterinarian prescribing/administering the medication:	
16. Name and signature of person administering the medication:	
Print:	Sign:

### C. INSTRUCTIONS TO SHOW MANAGEMENT (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

*You should accept this form only after all blanks above have been completed. Incomplete forms must be returned immediately to the owner/trainer for completion. If Lidocaine/Mepivacaine is administered within 24 hours of showing, it must be done under actual observation of show management (or designated representative) and/or the official show veterinarian.*

If all blanks above are completed, please indicate the following:

Date Received:	Time Received: <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Show/Event:	
City and State:	
Name and signature of NRCHA Show Management:	
Print:	Sign:
Please write any comments you may have, as well as the name of a witness, as designated by show management, if Lidocaine/Mepivacaine was administered:	

Return this form to: NRCHA  
1017 N US Hwy 377  
Pilot Point, TX 76233

email: affiliates@nrcha.com  
Fax: 940-488-1499